

Q&A's about CDC's Futures Initiative (Strategic Planning and Implementation Process)

General Questions about the Futures Initiative

Why Change?

Q: We've heard that CDC is a highly respected organization in the public perception. Why think about change now?

A: There have been many changes in the world, in public health, and in CDC since the last agency-wide strategic planning process over 10 years ago. Every organization needs to continuously assess its direction, impact, strategies, as well as the effectiveness of its products and services to ensure relevance and success in a changing world. The time is right for CDC to examine how we currently do business and determine how we can best work with current partners and reach out to new partners to accomplish our goals of promoting and protecting the public's health. The CDC Futures Initiative has identified an array of opportunities for CDC to have a greater health impact through discussion with our partners, stakeholders, and customers.

Q: What is the Futures Initiative?

A: The Futures Initiative is a strategic planning process that was initiated in June 2003 to ensure that CDC will continue to have the capacity to protect and improve the health of the American people in the 21st century. By establishing a strategic direction for CDC we will set the course for where we need to be in the future and how we get there. It is important for CDC to think strategically and work proactively in order to strengthen our role as a public health leader and have the strongest impact on the health of the people we serve.

Q: What improvements is CDC trying to achieve through this effort?

A: The Futures Initiative is designed to improve CDC's impact on the public's health by adopting a focus on the public as the ultimate recipient of the agency's products and services. To achieve this goal CDC will need to work closely with its current valued partners and develop new partnerships to more effectively meet the health needs of our customers. CDC also needs to establish clear accountability for health outcome goals, work more efficiently and reduce unnecessary redundancies, strengthen its public health leadership role, and maintain our scientific excellence. The overall goal to be achieved as a result of this effort is an improvement in CDC's public health impact.

Q: What will a new focus on marketing allow CDC to do that the agency cannot or do not do now?

A: To achieve the strategic directions outlined in the Futures Initiative, CDC must build an effective marketing function that will drive how we serve the public and will ensure that we are reaching the public with science-based programs and information responsive to their needs. Through this marketing function CDC will gather substantive input from our partners and the public to inform CDC decisions and programs. A focused marketing strategy will also enable CDC to more effectively work with partners to bundle and deliver ideas, products and services in ways that will maximize health benefits to the public.

Questions Specific to Organizational Structure

Q: What is broken that needs to be fixed?

A: The Customers, Channels and Partners Work Group of the Futures Initiative gathered data from numerous stakeholders to determine what CDC is doing well and what needs to be improved in order for CDC to better meet the health needs of the public. Through their work the group identified several key areas in need of improvement. While these are not all related specifically to CDC's organizational structure, they suggest areas in which our functioning can be improved:

- There is a disconnect between the public's top health concerns (e.g. chronic disease and aging) and their perceptions of CDC and the work that it does
- CDC should strengthen its leadership role in establishing clear public health priorities
- CDC's organizational structure, categorical approach to funding, and business practices hinder internal and external communication and may limit efficiency and effectiveness of public health efforts
- CDC needs to undertake a coordinated strategy between public health and the health care delivery system
- CDC needs to expand its partnerships to better reach at-risk populations, provide new channels, maximize research opportunities, and increase visibility
- CDC needs to listen better to its customers and partners
- CDC should strengthen its focus on applied research, particularly translating science into practice

Questions about the Three Prototypes Prepared by the Organizational Design Team

Q: Which of these prototypes is best?

A: The Organizational Design Team (ODT) of the Futures Initiative was charged with exploring a variety of approaches to CDC's functioning, and developed three prototypes for how the agency might function. Each of these three has strengths and weaknesses, and each could be implemented in a variety of ways. The primary purpose of constructing these prototypes was to learn how different organizational approaches might work, and the ODT did not "rate" the different prototypes. In fact, the ODT report suggests that further analysis in the implementation phase will lead to identification of elements from multiple approaches that can be synthesized into a final organizational design.

Q: Why is marketing such an important component of all these prototypes?

A: A major theme emerging from the Futures Initiative has been the need for CDC to improve its understanding of -- and focus on -- its "customers", defined as the public whose health we are trying to improve. Marketing is used as shorthand for the variety of functional capabilities that accomplish that end. By better assessing the needs of the public, and more strategically orienting CDC's health messages, services, and programs to meet the needs of the public, CDC, in collaboration with our partners, can improve

health outcomes. Marketing is a key element of all three prototypes, with the functions being structured differently in each.

Q: What are some commonalities of all prototypes under consideration?

A:

- Setting of overarching goals at the Agency level, with strong performance management and accountability
- Strengthened capability for strategic analysis, including comparative analysis of alternative strategies for achieving health goals
- Consolidation of business and other cross-cutting services
- Establishment of an “innovation incubator” to stimulate change
- A strong focus on “health marketing”
- Agency level focus on evaluation
- Streamlining and focusing of the Office of the Director

Q: What are the distinguishing characteristics of the prototypes under consideration?

A:

- Concentration vs. diffusion of health marketing (delivery point for goods and services)
- Concentration vs. diffusion of priority setting and decision making
- Organizing concept of operational units (content area, professional discipline, public health function, or health determinate; or a combination)
- Complexity of networking
- Resource flow

Q: What are the strength(s) of each prototype?

A: Prototype A

- identification of health problem through delivery of product/service in single unit
- maintains traditional ties with existing stakeholders
- least disruptive to implement

Prototype B

- strongest goal management
- provides robust, integrated marketing
- facilitates appropriate bundling of products/services

Prototype C

- greatest flexibility in adjusting to new goals, priorities, and exigencies
- integration by discipline across content areas

Q: What are the weaknesses of each prototype?

A: Prototype A

- produces organizational units that might be more difficult to manage, since they will likely be larger than current units
- produces organizational units that can be competitive

Prototype B

- separates R&D from product and service delivery
- potential inattention to mission-critical but small functions

Prototype C

- requires both vertical and horizontal reporting relationships to organize work and staff
- requires complete realignment of staff

Questions about Impact on Partners

Partners

Q: Does the focus on the public as CDC's primary customer signal a lessening of CDC's commitment to its historic partnership with state health departments?

A: To the contrary - state health departments will remain one of the primary channels by which CDC reaches the public and achieves health goals. It is essential that CDC's partners in states are supported in efforts to be an effective force for prevention and health protection at the community level. CDC has also traditionally worked with other partners in the health care delivery system, the business community, and elsewhere, and strengthening these ties is also a CDC priority.

Q: Groups focusing on specific diseases, health problems, or population groups have worked hard to help create many CDC programs and get them funded. How will these changes affect these groups?

A: CDC maintains the same commitment to reducing the burden of disease and illness on the population, and to eliminating disparities related to race, ethnicity, and other factors. But it is clear that many elements in CDC's existing structure and organization make it difficult to realize synergies between individual programs that are tackling related programs. The Futures Initiative gathered extensive input from outside groups – many of them partners of CDC that have worked to support existing categorical programs. CDC's partners will welcome efforts to increase the return on investment in individual programs through more effective strategies, better bundling of health programs to achieve greater impact, and more clear ways to access CDC information and decision-makers.

Q: In some areas, CDC has direct funding relationships with community, national, and other non-governmental organizations. Will changes from the Futures Initiative affect how resources are allocated to grantees?

A: CDC will continue to work through a variety of partners and channels – including non-governmental organizations – to achieve maximum impact on health outcomes. Even now, CDC funds these organizations as a means to an end – improving health – rather than an end in itself. The unique capabilities of NGOs, and their direct connection to priority populations, will continue to be an important element of CDC's efforts to design and target programs to reach specific segments of the population. In addition, all organizations funded by CDC should benefit from improved CDC business services,

including improvements in the procurement and grants functions, reducing administrative burden and allowing CDC funding to be used more efficiently for programs.

Implementation: What Happens Now?

Q: Where do we go from here? What are the next steps?

A: The Organizational Design Team presented its findings to the CDC Executive Leadership Team and Management Council on March 30, and completed its final report March 31. Next steps include:

- We will continue our dialog with partners, HHS officials, and Congressional staff on implementation strategies and options.
- Based on this input, decisions on broad organizational strategies will be made in mid-April and announced April 19, along with other Futures Initiative directions.
- An Implementation team is being formed to carry the work of the ODT to the next level of detail. As noted in the ODT report, a great deal of analysis of specific options and implications is needed before the broad functional prototypes outlined by the ODT could be translated into organizational charts, functional statements, and personnel shifts, if needed.
- We will continue to ask for ongoing feedback from partners, stakeholders, and the public as CDC refines goals and functional design.

Q: What role can business, education, and other sectors play to affect public health outcomes?

A: In order to improve the health of people, CDC must establish new partnerships with all aspects of the health care delivery system, private businesses, and education, in addition to traditional public health agencies. For instance, partnering with large health insurers can help to advance public health through a variety of long-term strategies, e.g., developing joint prevention initiatives. Forging partnerships with PTAs, teacher unions, education groups, etc., helps to move prevention beyond the health care system, increasing the possibility for wider dissemination of critical health messages that may influence the health habits for the next generation. The agency must also find ways to disseminate messages in places where people spend their time and/or receive information.